



**BURLINGTON
ENVIRONMENTAL INC.**

CHEMPRO Division

WA 2917

5/1/1991

FILE COPY

CERTIFIED MAIL

May 1, 1991

RECEIVED

MAY 02 1991

DEPT. OF ECOLOGY

David Lundstrom
Washington Department of Ecology
Northwest Regional Office
3190 160th Avenue SE
Bellevue, WA 98008-5452

Dear Mr. Lundstrom:

Enclosed is a revised interim status Part A for Chemical Processors' Pier 91 Facility. The revisions to this Part A were made to accommodate the newly listed EPA wastecodes, the 'F' series (F032, F034, F035, F037 and F038). These codes have been added on page 3C of 5 of Form 3 along with the process codes and estimated annual quantities.

A copy of the revised Part A has been sent to Port of Seattle for signature as legal owner of the property. When that copy is received back from the Port, it will immediately be forwarded to your office.

If you have any questions concerning these revisions, please contact me or Susan Donahue, Director of Environmental Services, at 223-0500.

Sincerely,

Trudy A. Harding
Trudy A. Harding
Environmental Scientist

Enclosure

cc: Nate Mathews - Pier 91
Reg. Affairs File

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MAY 14 1991
WASTE MANAGEMENT BRANCH

USEPA RCRA



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PART A

DANGEROUS WASTE PERMIT FORMS

(FORMS 1 and 3)

WASHINGTON STATE DANGEROUS WASTE PERMIT GENERAL INFORMATION

Permit Application Process

There are two parts to a Dangerous Waste Permit Application—Part A and Part B. Part A consists of Form 1 and Form 3. Part B requires detailed site-specific information such as geologic, hydrologic, and engineering data. WAC 173-303-800 specifies the information that will be required from dangerous waste management facilities in Part B.

Operation During Interim Status

Part A of the permit application defines the processes to be used for treatment, storage, and disposal of dangerous wastes; the design capacity of such processes; and the specific dangerous wastes to be handled at a facility during the interim status period. Once Part A is submitted to the Department of Ecology, changes in the dangerous wastes handled, changes in design capacities, changes in processes, and changes in ownership or operational control at a facility during the interim status period may only be made in accordance with the procedures in WAC 173-303-820. Changes in quantity of waste handled at a facility during interim status can be made without submitting a revised Part A provided the quantity does not exceed the design capacities of the processes specified in Part A of the permit application. Failure to furnish all information required to process a permit application is grounds for termination of an interim status permit.

Confidential Information

All information submitted in this form will be subject to public disclosure, to the extent provided by RCRA and the Freedom of Information Act, 5 U.S.C. Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2. (see especially 40 CFR 2.305), and will be subject to the State of Washington Public Records Act chapter 42.17 RCW and chapter 43.21A-160 RCW. Persons filing this form may make claims of confidentiality. Such claims must be clearly indicated by marking "confidential" on the specific information on the form for which confidential treatment is requested or on any attachments, and must be accompanied, at the time of filing, by a written substantiation of the claim, by answering the following questions:

Confidential Information (continued)

- A. Which portions of the information do you claim are entitled to confidential treatment?
- B. For how long is confidential treatment desired for this information?
- C. What measures have you taken to guard against undesired disclosure of the information to others?
- D. To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?
- E. Has the Department of Ecology, EPA or any other Federal or State agency made a pertinent confidentiality determination? If so, what would those harmful effects be and why should they be viewed as substantial? Explain the causal relationship between disclosure and the harmful effects.

If no claim of confidentiality or no substantiation accompanies the information when it is submitted, EPA or the department may make the information available to the public without further notice to the submitter.

Definitions

Terms used in these instructions and in this form are defined in the Definitions section of the Dangerous Waste Regulation, chapter 173-303 WAC.

FORM 1—INSTRUCTIONS

must be completed by all applicants.

Using This Form

pen or print. If you print, place each character between the marks.
 • If necessary to stay within the number of characters allowed for
 • Use one space for breaks between words, but not for punctuation
 • See they are needed to clarify your response.

provided at the upper right hand corner of Form 1 for insertion of your
 identification number. If you have an existing facility, enter your iden-
 tification number. If you don't have an EPA/State identification number, please
 • Department of Ecology (206) 450-6303 and one will be provided for
 • If facility is new (not yet constructed), leave this item blank.

facility's official or legal name. Do not use a colloquial name.

name, title, and work telephone number of a person who is thoroughly
 with the operation of the facility and with the facts reported in this ap-
 plication and who can be contacted if necessary.

complete mailing address of the office where correspondence should
 This often is not the address used to designate the location of the
 activity.

address or location of the facility identified in Section III of this form. If
 it lacks a street name or route number, give the most accurate alter-
 native information (e.g., section number or quarter section number
 by records or at intersection of Rts. 425 and 22).

preceding order of significance, the four 4-digit standard industrial
 classification (SIC) codes which best describe your facility in terms of the prod-
 ucts or services you produce or provide. Also, specify each
 location in words. These classifications may differ from the SIC codes
 the operation generating the dangerous wastes.

numbers are descriptions which may be found in the "Standard In-
 dustry Classification Manual" prepared by the Executive Office of the Presi-
 dent of Management and Budget, which is available from the Govern-
 ing Office, Washington, D.C. Use the current edition of the manual. If
 any questions concerning the appropriate SIC code for your facility,
 write Department of Ecology Regional office (see Table 1).

I. Department of Ecology Regional Offices

West Regional Office
 - 150th NE
 and, Washington 98052
 206-885-1900

Southwest Regional Office
 7272 Clearwater Lane
 Olympia, Washington 98504
 Tel: 206-753-2353

North Regional Office
 03 Indiana
 no, Washington 98207
 206-450-2926

Central Regional Office
 3601 West Washington
 Yakima, Washington 98903
 Tel: 509-575-2490

II-A

name, as it is legally referred to, of the person, firm, public organiza-
 tion or other entity which operates the facility described in this application.
 or may not be the same name as the facility. The operator of the
 the legal entity which controls the facility's operation rather than the
 the manager. Do not use a colloquial name.

II-B

whether the entity which operates the facility also owns it by marking
 appropriate box.

III INSTR

IV

Section VII-C

Enter the appropriate letter to indicate the legal status of the operator of the
 facility. Indicate "public" for a facility solely owned by local government(s) such
 as a city, town, county, parish, etc.

Section VII-D-H

Enter the telephone number and address of the operator identified in Item VII-A.

Section VIII

Indicate whether the facility is located on Indian lands.

Section IX

Provide a topographic map or maps of the area extending at least to one mile
 beyond the property boundaries of the facility which clearly show the following:

- The legal boundaries of the facility;
- The location and serial number of each of your existing and proposed intake
 and discharge structures;
- All hazardous waste management facilities;
- Each well where you inject fluids underground; and
- All springs and surface water bodies in the area, plus all drinking water wells
 within 1/2 mile of the facility which are identified in the public record or other-
 wise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection
 well associated with the facility is located more than one mile from the plant,
 include it on the map. If possible, if not, attach additional sheets describing the
 location of the structure, disposal site, or well, and identify the U.S. Geological
 Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and
 latitude and longitude at the nearest whole second. On all maps of rivers, show
 the direction of the current, and in tidal waters, show the directions of the ebb
 and flow tides. Use a 7-1/2 minute series map published by the U.S. Geological
 Survey, which may be obtained through the U.S. Geological Survey Offices
 listed below. If a 7-1/2 minute series map has not been published for your facil-
 ity site, then you may use a 15 minute series map from the U.S. Geological
 Survey. If neither a 7-1/2 nor 15 minute series map has been published for your
 facility site, use a plat map or other appropriate map, including all the re-
 quested information; in this case, briefly describe land uses in the map area
 (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting
 the above specifications. If you do, your map should bear a note showing the
 number or title of the map or chart it was traced from. Include the names of
 nearby towns, water bodies, and prominent points.

U.S.G.S. OFFICES

Western Mapping Center
 National Cartographic Information
 Center
 U.S.G.S.
 345 Middlefield Road
 Menlo Park, Ca. 94025
 Phone No. (415) 323-8111

AREA SERVED

Ariz., Calif., Hawaii, Idaho,
 Nev., Oreg., Wash., American
 Samoa, Guam, and Trust
 Territories

Section X

Briefly describe the nature of your business (e.g., products produced or services
 provided).

Section XI

For a corporation, by a principal executive officer of at least the level of vice
 president.

For partnership or sole proprietorship, by a general partner or the proprietor,
 respectively; or

For a municipality, State, Federal, or other public facility, by either a principal
 executive officer or ranking elected official.



DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER

WAD0000812917

NAME OF FACILITY

CHEMICAL PROCESSORS INC

II. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

STEFANI, DENNIS DIR. REGULATORY AFFAIRS

B. PHONE (area code & no.)

206 223 0500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

2203 AIRPORT WAY SOUTH #400

B. CITY OR TOWN

SEATTLE

C. STATE

WA

D. ZIP CODE

98134

FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

PIER 91

B. COUNTY NAME

ING

C. CITY OR TOWN

SEATTLE

D. STATE

WA

E. ZIP CODE

98119

F. COUNTY CODE
(if known)

V. SIC CODES (4-digit, in order of priority)

A. FIRST

4953

(specify)

REFUSE SYSTEMS

B. SECOND

(specify)

C. THIRD

(specify)

D. FOURTH

(specify)

VII. OPERATOR INFORMATION

A. NAME

CHEMICAL PROCESSORS INC.

B. Is the name listed in
Item VII-A also the
owner?☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify)

F - FEDERAL
S - STATE
P - PRIVATEM - PUBLIC (other than federal or state)
O - OTHER (specify)

(specify)

D. PHONE (area code & no.)

206 223 0500

E. STREET OR P.O. BOX

203 AIRPORT WAY SOUTH #400

F. CITY OR TOWN

SEATTLE

G. STATE

WA

H. ZIP CODE

98134

VIII. INDIAN LAND

Is the facility located on Indian lands?

☐ YES☒ NO

COMPLETE BACK PAGE

X. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

C. NATURE OF BUSINESS (provide a brief description)

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating out the impurities (water, solids). Hazardous and non-hazardous wastewater is treated for contaminants such as metals and phenolics.

The Pier 91 facility is also authorized to generate, store or market used fuel oil and hazardous waste fuel (dangerous waste fuel). Dangerous waste fuel is not currently blended or stored at the facility.

XI. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (Type or print)

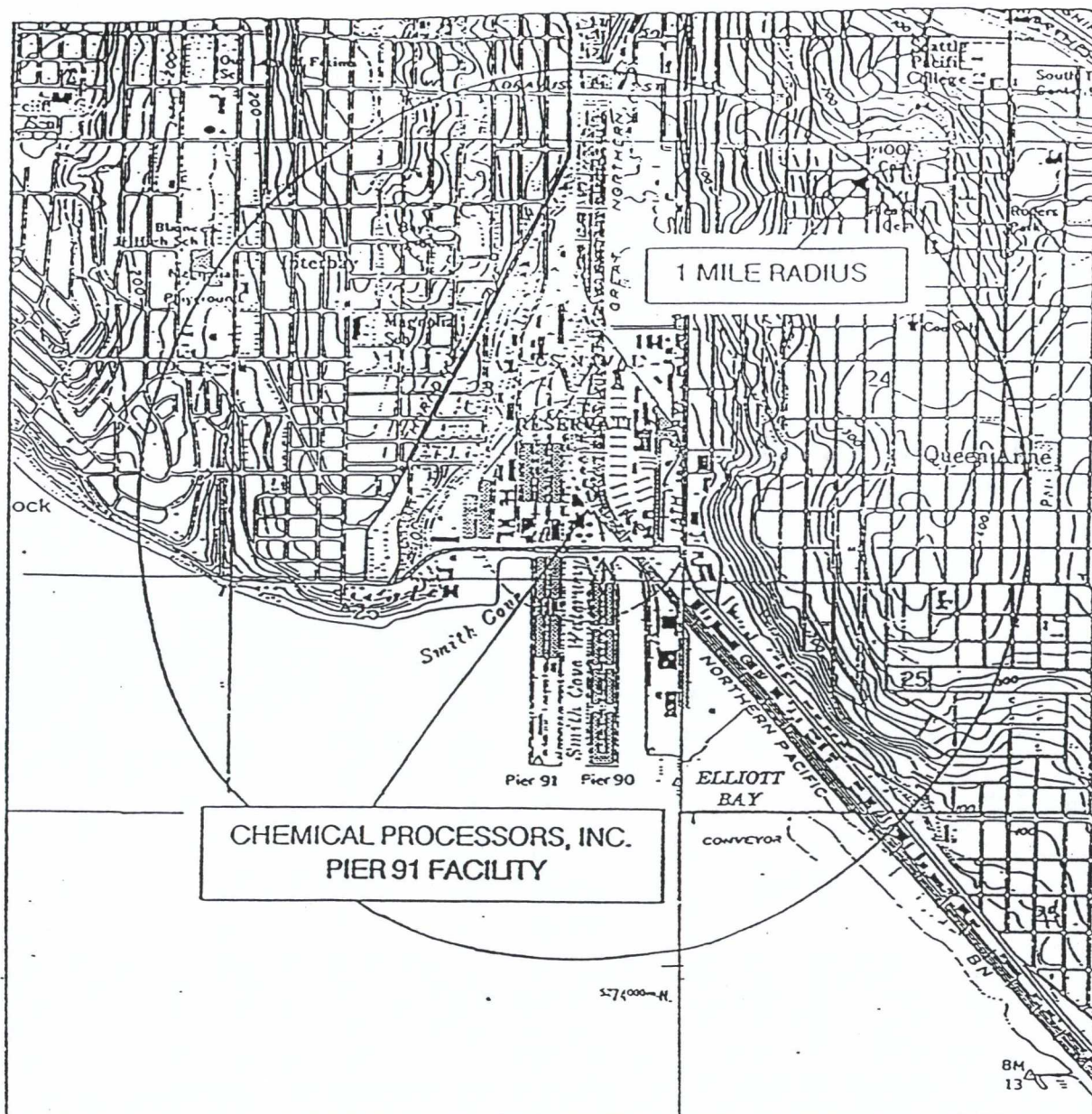
B. SIGNATURE

C. DATE SIGNED

Michael P. Keller, VP Operations

Michael P Keller

4/30/91



Photocopied from USGS Maps-
Shilshole Bay Quadrangle,
Seattle North Quadrangle and
Seattle South Quadrangle
Lat. 47°38'08"N Long. 122°22'50"W

Chemical Processors, Inc.
Pier 91 Facility

Topographic Map

Section IX

FORM 3—INSTRUCTIONS

Using This Form

type or print. If you print place each character between the Abbreviate if necessary to stay within the number of characters for each item. Use one space for breaks between words, but punctuation marks unless they are needed to clarify your entry.

I. If the dangerous waste management facilities should enter their Facility Identification Number (if known). New facilities should enter item blank.

II. APPLICATION. If this is the first application that is being filed enter facility place an "X" in either the Existing Facility box or the New Facility box.

EXISTING FACILITY. Existing facilities are:

a. Those facilities which received hazardous waste for treatment, storage, and/or disposal on or before November 19, 1980; or

b. Those facilities for which construction had commenced on or before November 15, 1980. Construction had "commenced" only if:

(1) The owner or operator had obtained all necessary Federal, State, and local preconstruction approvals or permits; and

(2-a) A continuous physical, on-site construction program had begun (facility design or other preliminary non-physical, and non-site specific preparatory activities do not constitute an on-site construction program), or

(2-b) The owner or operator had entered into contractual obligations (options to purchase or contracts for feasibility, engineering, and design studies do not constitute contractual obligations) which could not be cancelled or modified without substantial loss. Generally, a loss is deemed substantial if the amount an owner or operator must pay to cancel construction agreements or stop construction exceeds 10% of the total project cost.

EXISTING FACILITY DATE. If the Existing Facility box is marked, enter the date dangerous waste operations began (i.e., the date the facility began treating, storing, or disposing of hazardous waste) or the date construction commenced.

NEW FACILITY. New facilities are all facilities for which construction commenced, or will commence, after November 19, 1980.

NEW FACILITY DATE. If the New Facility box is marked, enter the date that operation began or is expected to begin.

REVISED APPLICATION. If this is a subsequent application that is filed to amend data filed in a previous application, place an "X" in appropriate box to indicate whether the facility has interim status or not.

FACILITY HAS AN INTERIM STATUS PERMIT. Place an "X" in this box if this is a revised application to make changes at a facility during the interim status period.

FACILITY HAS A FINAL PERMIT. Place an "X" in this box if this is a revised application to make changes at a facility for which a permit has been issued.

NOTE: When submitting a revised application, applicants must submit in their entirety each item on the application for which changes are requested. In addition, Items I and IX [and Item X if applicable] must be completed. It is not necessary to resubmit information for other items that will not change).

Section III

The information in Section III describes all the processes that will be used to treat, store, or dispose of dangerous waste at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. See the form for the detailed instructions to Section III.

Section IV

The information in Section IV describes all the dangerous wastes that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. See the form for the detailed instructions to Section IV.

Section V

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit in the space provided on the form. This drawing should show the following:

The property boundaries of the facility;

The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;

The name of each operation. (Example—multiple hearth incinerator, drum storage area, etc.);

Areas of past storage, treatment, or disposal operations;

Areas of future storage, treatment, or disposal operations; and

The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas.

Section VI

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment, or disposal operations. Photographs may be color or black and white, ground-level or aerial. Indicate the date the photograph was taken on the back of each photograph.

Section VII

Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provided for Section IX of Form 1 to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State agencies such as the Department of Natural Resources.

Section VIII

See the form for the instructions to Section VIII.

Section IX and Section X

All facility owners must sign Section IX. If the facility will be operated by someone other than the owner, then the operator must sign Section X. Federal regulations require the certification to be signed as follows:

A. For a corporation, by a principal executive officer at least the level of vice president;

B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

APPLICATION APPROVED	DATE RECEIVED

COMMENTS

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE ID Number, or if this is a revised application, enter your facility's EPA/STATE ID Number in Section I below.

A FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

MO	DAY	YR
.		

FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

40	045	40
1	1	1

FOR NEW FACILITIES.
FROM THE DATE
(i.e. 01.01.84) OPERA
TION CAN BE
EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Section I above)

- ☒ 1. FACILITY HAS AN INTERIM STATUS PERMIT ☐ 2. FACILITY HAS A FINAL PERMIT

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its description) in the space provided on the (Section III-C).

8. **PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units or

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	O	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	H
GALLONS PER DAY	U	LITERS PER HOUR	M		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

N U M B E R	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	N U M B E R	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (no=city)	2. UNIT OF MEA- SURE (and/or code)				1. AMOUNT (no=city)	2. UNIT OF MEA- SURE (and/or code)	
1	S 0 2	600	IG		5				
2	T 0 3	20	IE		6				
3	S 0 2	9,036,090	IG		7				
4	T 0 1	40,000	IU		8				
					9				
					10				

PROCESSES (continued)

FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code T047). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DESCRIPTION OF DANGEROUS WASTES

DANGEROUS WASTE NUMBER — Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

PROCESS CODES:

For listed dangerous wastes: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous waste that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one waste shall be described on the form as follows:

Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 400 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and all will be in a landfill.

A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
			1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not used enter in D(1))
054	900	P	T03D80	
002	400	P	T03U80	
001	100	P	T03D80	
002			T03D80	included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 entries to list.

I.D. NUMBER (enter from page 1)									
W	A	D	0	0	0	8	1	2	9
1	7								

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

L I N E N O	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	K 0 0 1	5000	T	S 0 2 T 0 1	
2	K 0 4 8	2000			
3	K 0 4 9	2000			
4	K 0 5 0	500			
5	K 0 5 1	500			
6	K 0 5 2	500			
7	D 0 0 1	500			
8	D 0 0 2	500			
9	D 0 0 3	500			
10	D 0 0 4	500			
11	D 0 0 5	500			
12	D 0 0 6	500			
13	D 0 0 7	15,000			
14	D 0 0 8	500			
15	D 0 0 9	500			
16	D 0 1 0	500			
17	D 0 1 1	500			
18	D 0 1 8	15,000			
19	D 0 1 9	500			
20	D 0 2 1	500			
21	D 0 2 2	500			
22	D 0 2 3	500			
23	D 0 2 4	500			
24	D 0 2 5	500			
25	D 0 2 6	500			
26	D 0 2 7	500	↓	↓ ↓ ↓	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

LD. NUMBER (enter from page 1)												
W	A	D	0	0	0	8	1	2	9	1	7	
IV. DESCRIPTION OF DANGEROUS WASTES (continued)												
LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(13))				
	D 0 2 8	500	T	S	0	2	T	0	1			
2	D 0 2 9	500										
3	D 0 3 0	500										
4	D 0 3 2	500										
5	D 0 3 3	500										
6	D 0 3 4	500										
7	D 0 3 5	500										
8	D 0 3 6	15,000										
9	D 0 3 7	5000										
10	D 0 3 8	500										
11	D 0 3 9	500										
12	D 0 4 0	500										
13	D 0 4 1	500										
14	D 0 4 2	500										
15	D 0 4 3	500										
16	F 0 0 1	500										
17	F 0 0 2	500										
18	F 0 0 3	500										
19	F 0 0 4	500										
20	F 0 0 5	500										
21	F 0 0 6	500										
22	F 0 3 9	3000										
23	W T 0 1	500										
24	W T 0 2	3500										
25	W P 0 1	500										
26	W P 0 2	3500	V	V	V							

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)											
W	A	D	0	0	0	8	1	2	9	1	7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

L I N E	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	W P 0 3	500	T	S 0 2	T 0 1
2	W C 0 1	500	↓	↓	↓
3	W C 0 2	500	↓	↓	↓
4					
5	F 0 3 2	500	T	S 0 2	T 0 1
6					
7	F 0 3 4	500	T		
8	F 0 3 5	500	T		
9	F 0 3 7	2,500	T		
10	F 0 3 8	2,500	T	↓	↓
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

47°38'08"N

122°22'50"W

VIII. FACILITY OWNER☐ A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

PORT OF SEATTLE

206-382-3371

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P.O. BOX 1209

SEATTLE

WA

98111

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

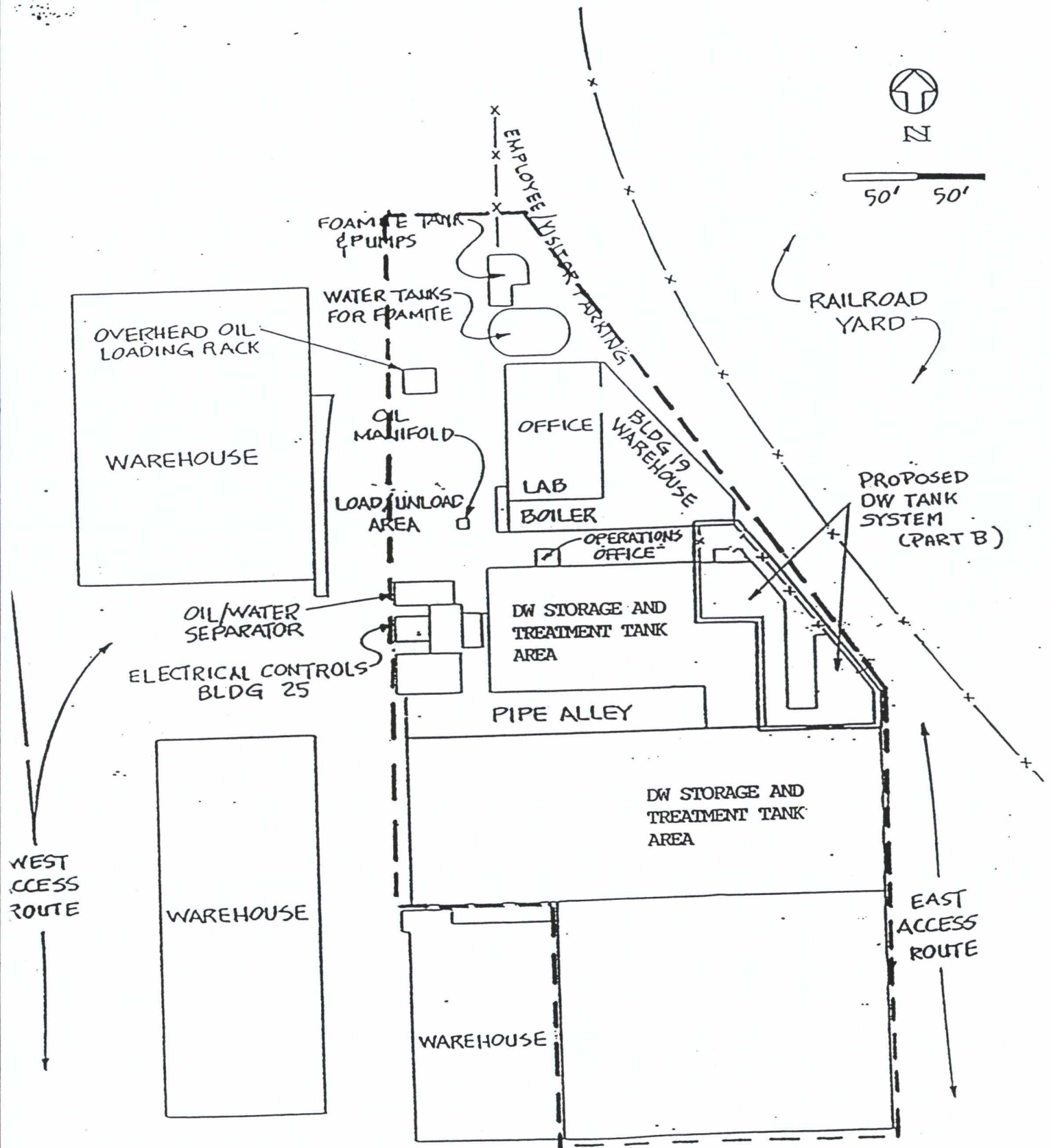
SIGNATURE

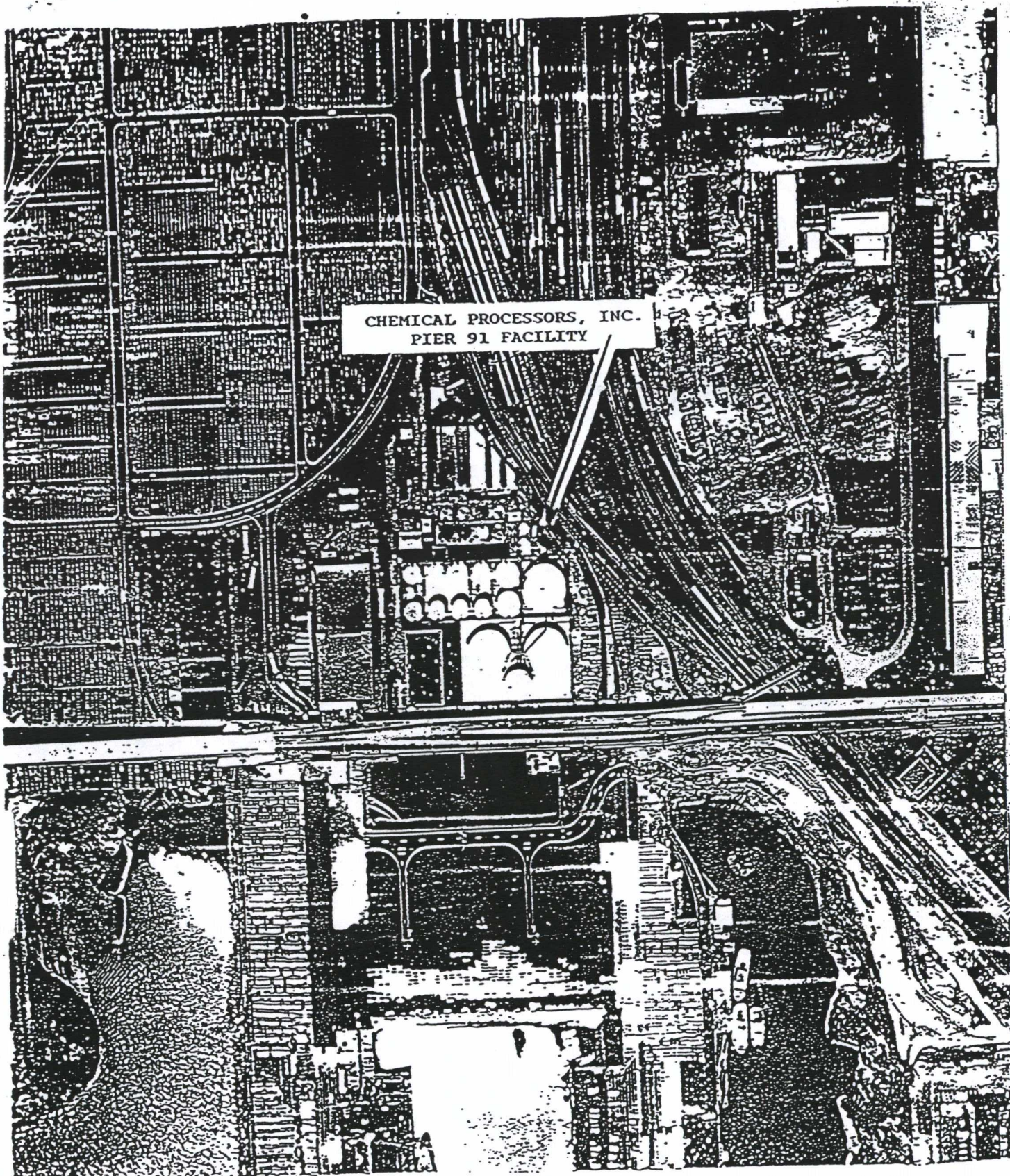
DATE SIGNED

Michael P. Keller, VP Operations

Michael P Keller

4/30/91





CHEMICAL PROCESSORS, INC. PIER 91 FACILITY
AERIAL PHOTO DATED JUNE 1987 NORTH ↑ APPROX. SCALE 1" = 240'